NATIONAL INDIGENOUS HEALTH EQUALITY SUMMIT OUTCOMES

The Council of Australian Governments has agreed to a partnership between all levels of government and Indigenous Australian communities to achieve the target of closing the gap on Indigenous disadvantage. In relation to Indigenous Australians' health, COAG has committed to:

- closing the Aboriginal and Torres Strait Islander life expectancy gap within a generation; and
- halving the mortality gap for Aboriginal and Torres Strait Islander children under five within a decade.

PROPOSED SET OF CLOSE THE GAP TARGETS TO ACHIEVE THE COAG COMMITMENTS

1. PARTNERSHIP TARGETS

GOAL: To enhance Aboriginal and Torres Strait Islander community engagement, control and participation in Indigenous health policy and program development, implementation and monitoring.

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, REFERENCES, RESOURCES
Within 2 years: * Establish a national framework agreement to secure the appropriate engagement of Aboriginal people and their representative bodies in the design and delivery of accessible, culturally appropriate and quality primary health care services * Ensure that nationally agreed frameworks exist to secure the appropriate engagement of Aboriginal people in the design and delivery of secondary care services		Within 4 years: * 60% of communities and representative bodies are active partners in regional planning of primary health care at the State/Territory level. (Within 4 years.) * 50% of hospitals have appropriate mechanisms to engage Aboriginal people in the design and delivery of secondary care services.	Within 8 years: * 100% of communities and representative bodies are active partners in regional planning of primary health care at the State/Territory level. * The 100% of hospitals have appropriate mechanisms that engage Aboriginal people in the design and delivery of secondary care services.		

2. HEALTH STATUS TARGETS

GOALS: To close the Aboriginal and Torres Strait Islander life expectancy gap within a generation and halve the mortality gap for Aboriginal and Torres Strait Islander children under five within a decade

2.1 MATERNAL AND CHILD HEALTH

GOAL: To achieve comparable rates in perinatal and infant mortality

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, REFERENCES, RESOURCES.
All Indigenous women and children have access to appropriate mother and baby programs	Access	5-10 yrs	5-10 yrs		
50% reduction in the difference between Indigenous and non-Indigenous Australian's rates of premature birth and LBW 75% of all pregnant women present for first antenatal assessment within the first trimester	Antenatal Care	Premature birth and LBW rates 5-10 yrs	Premature birth and LBW rates 5-10 yrs		
50% reduction in the difference in hospital rates of acute respiratory infections	ARI prevention through Immunisation, nutrition, SDIH	ARI hospitalisation rates 5-10 yrs	ARI hospitalisation rates 5-10 yrs		
>90% of children diagnosed with ARI receive full treatment and appropriate follow-up	ARI Treatment				
20% reduction in rates of hospitalisation for gastroenteritis	Gastro prevention through immunisation, nutrition, SDIH	gastroenteritis hospitalisation rates 5-10yrs	gastroenteritis hospitalisation rates 5-10yrs		

The establishment of a national database on childhood hospital presentations for Injury	5 yrs

2. HEALTH STATUS TARGETS (cont.)

2.2 CHRONIC DISEASE

(a) Primary prevention

GOAL: To reduce the level of absolute risk of vascular events among Aboriginal and Torres Strait Islander Australians by 2.5% within 10 years

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, REFERENCES, RESOURCES
Reduction in smoking rates to parity with non-Indigenous Australians 2% annual reduction – population 4% annual reduction – pregnant women.	Smoking rates		Reduce per capital consumptions rates to the national average rates (by 2020).		Requires multi-layered approach to smoking cessation. (See also Primary Health Care and Health Related Services Targets, table 3(d)).
> 90% of Aboriginal and Torres Strait Islander families can access a standard healthy food basket (or supply) for a cost of less than 25% of their available income.	Nutrition and Food security		By 2018		Significant reform beyond health sector. (See also Primary Health Care and Health Related Services Targets, table 3(d)).
>80% of eligible Indigenous Australian adults having at least one risk assessment within each 2 year period	Population Risk Assessment		Absolute risk of vascular events reduced by 2.5% in 10 years		
Improve access to and receipt of medicine and non-medicine management of elevated vascular risk among all Aboriginal people	Population Risk	5 years			(See also Primary Health Care and Health Related Services Targets, table 2.1).

2. HEALTH STATUS TARGETS (cont.)

2.2 CHRONIC DISEASE (cont.)

(b) Secondary prevention

(i) General

GOAL: To improve the management and reduce adverse outcomes in chronic disease

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, REFERENCES, RES.
Increase coverage and availability of specialists services including outreach to Aboriginal and TSI clients in ACCHOs and other urban, rural and remote settings	Specialist outreach				(See also Infrastructure Targets, table 4(a)).
> 80% of patients requiring routine prophylaxis receive greater than 80% of yearly scheduled injections	Rheumatic fever/ rheumatic heart disease/ prophylaxis	5 years			(See also Primary Health Care and Health Related Services Targets, table 3(d)).
Ensure all patients with CHD, CKD and DM undergo regular review of HbA1c, lipids, BP, renal function, proteinuria, weight, visual acuity and absolute cardiovasc. risk	Assessment and management	2-5 years			
Ensure all patients with CHD, CKD and DM undergo regular assessment of psychological distress and psychosocial risk	Assessment and management	2-5 years			

(ii) Chronic Heart Disease

GOAL: To improve the management and reduce adverse outcomes in chronic disease

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, REFERENCES, ETC.
>80% of all patients experiencing Acute Coronary Syndrome (ACS) present for and receive appropriate and timely care	Reducing time to Care	5-10 years	5-10 years		Requires multiple systems improvements and raised patient awareness
>80% of all high-risk* ACS patients have access to and receive appropriate management and care	In Hospital Management	5-10 yrs	5-10 yrs		Coronary angiography as a minimum
Reduce excess case fatality (compared to non-Aboriginal patients) at 12 months from acute CHD from 30% to 10%	Will require improved in-hospital treatment; appropriate discharge evidence based care; long term management of CVD and improved continuity of care across the sectors	Case fatality 3-5 yrs			

(iii) Type 2 DM and CKD

GOAL: To improve the management and reduce adverse outcomes in chronic disease

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, REFERENCES, ETC.
Ensure >75% all T2DM patients have BP <130/80mmHg		5 yrs			Reduce complications

Ensure all patients with T2DM undergo regular review of HbA1c, lipid profile, BP, renal function and visual acuity	Scheduled Care	2-5 yrs	
50% of known patients with T2DM have an HbA1c less than 7%	DM Control	5 yrs	
All patients with T2DM are receiving appropriate medicine and non-medicine management.	Treatment	2-5 yrs	
Stabilize all-cause incidence of end-stage kidney disease within 5 -10 years	Incidence		10 yrs

2. HEALTH STATUS TARGETS (cont.)

2.2 CHRONIC DISEASE (cont.)

(c) Tertiary prevention

GOAL: To improve the management and reduce adverse outcomes in chronic disease

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, REFERENCES, RESOURCES
>50% eligible patients surviving ACS have access to and receive appropriate cardiac rehabilitation	CR		10 years		Aboriginal CR $20m / 4 yrs Must consider alternate models of CR
Increase the proportion of Indigenous Australian patients with ESKD who receive appropriately timed and managed access to dialysis	ESKD Referral / Access	5 yrs			
All CKD patients complete assessment and work-up for transplantation within 12 m, then parity in transplant rates	Transplant Access	5 yrs			
Increase the proportion of Aboriginal and Torres Strait Islander people accessing appropriate rehabilitation and respite care following stroke	Rehab				

2. HEALTH STATUS TARGETS (cont.)

2.3 MENTAL HEALTH AND EMOTIONAL AND SOCIAL WELL BEING

GOAL: To improve the mental health and SEWB of Indigenous Australians to the same standards enjoyed by the majority of the Australian population and reduce the impact of mental disorders on patients and their families.

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, REFERENCES, RESOURCES
Reduce the impact of loss, grief and trauma on mental health across the lifespan	Resource appropriate mental health education, support and intervention services	2-5 years			Chronic stress in childhood linked to poor adult outcomes including diabetes, cardiovascular disease and depression
Reduce the disparity in suicide rates and mental health disorders including depression, and psychosis across the lifespan	Support and resource appropriate mental health service provision across all areas of remoteness	5 years			Baseline Indigenous mental health services are grossly inadequate in rural and remote areas, particularly in regard to children and youth
Improve mental health outcomes and reduce adverse events for Indigenous patients including Indigenous people with chronic disease, substance abuse or in custody	Implement a national policy framework for Indigenous mental health Support appropriate monitoring and standards of care for Indigenous mental health patients Ensure availability of effective treatments for all Indigenous patients especially those in rural and remote areas	2 years 5 years 2-5 years			Little data available on interventions and outcomes of mental health care, especially follow up for suicide attempts or hospital admissions. Most National data relates to hospital admissions and diagnosis. Very little data related to the impact of mental health problems and chronic disease despite international evidence

2. HEALTH STATUS TARGETS (cont.)

2.4 DATA

GOAL: Achieve specified levels of completeness of identification in health records

TARGET	PROCESS	INDICATORS/TIME FRAME By 2013	INDICATORS/TIME FRAME By 2018	INDICATORS/TIME FRAME By 2028	COMMENTS, REFERENCE, RESOURCES
Recording of Indigenous status in every jurisdiction to achieve 80% accuracy		Indigenous Australians Identification in National Datasets 2-5 years			(See also Infrastructure Targets, table 4(d)).

3. PRIMARY HEALTH CARE AND OTHER HEALTH SERVICE TARGETS

(a) Aboriginal and Torres Strait Islander primary health care services

GOAL: To increase access to culturally appropriate primary health care to bridge the gap in health standards

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, REFERENCES, RESOURCES
Access to culturally appropriate comprehensive PHC services, at a level commensurate with need	1.1 A 5 year Capacity Building Plan for Aboriginal and Torres Strait Islander primary health care services is developed (including governance, capital works and recurrent support) to provide comprehensive primary health care to an accredited standard and to meet the level of need.	1.1.1 Services are funded by a single core of pooled funds for a minimum of 3 years at a time, and at least three times the per capita MBS utilisation by non-Indigenous Australians (with a rural and remote loading of up to an additional three times). 1.1.2 To complement uptake of PBS and MBS by Aboriginal peoples and Torres Strait Islanders increased to at least 1.2 times the per capita utilisation for the non-Indigenous Australian population. 1.1.3 All ACCHSs have access to pharmaceuticals through Section 100 or its equivalent. 1.1.3 Capital works programs to assist Aboriginal communities wishing to develop a new ACCHS are established. 1.1.4 80% of ACCHSs are accredited in the new accreditation framework	Reduced hospital admission rates for ambulatory conditions. The disparity in vaccine preventable disease rates is eliminated. Reduced prevalence of chronic disease risk factors. Decreased childhood mortality rates. Increased life expectancy.	Aboriginal and non-Aboriginal hospital admission rates for ambulatory conditions are equivalent.	Additional grants to Aboriginal primary health care services of $150m, $250m, $350m, $400m, $500m per annum over 5 years with the $500m sustained in real terms thereafter until the Indigenous Australian health gap closes. The proposed expenditure provides for staff salaries (doctors, nurses, Aboriginal Health Workers, allied health, dental, administrative/management and support staff) including training, transport provision, and ancillary programs and all other operational costs including the annualised cost of infrastructure. This also includes housing for staff in remote areas. In some areas, the required infrastructure will not be readily available and capital works programs will be required by one or all levels of government. This is consistent with the Rudd Governments Super Clinics pledge for

which includes governance, capital works, and service delivery and maintained to accreditation status.		mainstream services.
1.1.5 80% of ACCHS provide home visiting services and have facilities for provision of visiting allied health and specialist services.		
1.1.6 Established mechanisms for community engagement initiatives.		
1.1.7 Resources are in place for NACCHO Affiliates and Torres Strait Islanders CCHS to support every Aboriginal and Torres Strait Islander community that wishes to develop their Aboriginal &Torres Strait Islander primary health services into legally incorporated community-controlled services.		

3. PRIMARY HEALTH CARE AND OTHER HEALTH SERVICE TARGETS (cont.)

(b) Mainstream primary health care services

GOAL: Improve the responsiveness of mainstream health services and programs to Aboriginal and Torres Strait Islander peoples health needs

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/ TIME FRAME by 2018	INDICATORS/ TIME FRAME by 2028	COMMENTS, REFERENCES, RESOURCES
Mainstream services provided to Aboriginal and Torres Strait Islander people in a culturally sensitive way and at a level commensurate with need.	2.1 Increase Aboriginal people's access to medicines and services.	2.1.1 Uptake of PBS by Aboriginal peoples and Torres Strait Islanders increased to at least 1.2 times the per capita utilisation for the non-Indigenous Australian population. 2.1.2 An established quality use of medicines scheme for Aboriginal primary health care services in non-remote areas that also increases access to medicines. 2.1.3 The S100 remote area PBS access scheme has an incorporated quality use of medicines component.			$80m per annum. Implementation of Goal 1 will enhance the success of and complement this initiative.
	2.2 Develop national strategies to enhance the utilisation and relevance of the Medicare Benefits Schedule (MBS). (ie Increase Aboriginal peoples and Torres Strait Islander access to Australia's universal health scheme)	2.2.1 Outcomes-based incentives are introduced for increased use of Indigenous specific health assessments. 2.2.2 Uptake of MBS by Aboriginal peoples and Torres Strait Islanders increased to at least 1.2 times the per capita			$30m over 5 years

	utilisation for the non-Indigenous Australian population.	
	2.2.3 All jurisdictions have a registration process in place for AHWs.	
2.3 State and federal bilateral financing agreements to commit to health equity within mainstream programs, such as through public health or health care agreements.	2.3.1 Australian Health Care Agreements commit to monitor and report on access to health programs by Aboriginal peoples and Torres Strait Islanders.	Under the Australian Health Care Agreements.
	2.3.2 Performance indicators are agreed *for which funding is contingent*, that pertains to meeting targets that improve Aboriginal peoples and Torres Strait Islanders access to hospital and other services.	
	2.3.3 Targets are developed and agreed to under the Health Care Agreements including for kidney dialysis; population health programs (such as sexual health, cervical screening, Breastscreen); rehabilitation services (eg cardiac rehabilitation, Commonwealth Hearing Services Program); residential aged care services, and immunisation.	
	2.3.4 Commonwealth and State/Territory health programs agree to health impact assessments of	

	policies relevant to Aboriginal and Torres Strait Islanders in order to ensure their accessibility.
	2.3.5 Equity audits for access to essential mainstream services are undertaken.
2.4 Systems for programs delivered through private general practices commit to health equity.	2.4.1 The Multi- Program Funding Agreement between the Department of Health and Ageing with Divisions of General Practice in Australia have a set of performance expectations pertaining to delivery of services to Aboriginal peoples and Torres Strait Islanders.
	2.4.2 All Australian Governments commit to make it part of the accreditation process that all government funded and private general practices provide culturally sensitive services to Aboriginal and Torres Strait Islander people.
	2.4.3 All health care providers to commit to a Charter detailing the level of service an Aboriginal and Torres Strait Islander patient will receive, including arrangements to ensure cultural issues are recognised and addressed within each service, [and] a system to provide interpretation and cultural support where necessary

for patients.

3. PRIMARY HEALTH CARE AND OTHER HEALTH SERVICE TARGETS (cont.)

(c) Maternal and child health services

GOAL: National coverage of child and maternal health services is provided

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, REFERENCES, RESOURCES
National coverage of culturally appropriate maternal and child health services for Aboriginal and Torres Strait Islander people	3.1 Increase the Aboriginal and Torres Strait Islander populations' access to culturally appropriate maternal and child health care services.	3.1.1 A national health plan for Aboriginal and Torres Strait Islander mothers and babies is developed, costed, and implemented. 3.1.2 Aboriginal and Torres Strait Islander primary health care services are supported to deliver child and maternal health services as core activity. These services act as hubs for parenting support referrals. 3.1.3 Aboriginal and Torres Strait Islander primary health care services are supported to deliver culturally appropriate *home visiting* programs as core activity, and there is integration in this activity with other home visiting service providers. 3.1.4 Incentive programs for the immunization of the Aboriginal and Torres Strait Islander population, including development of an Aboriginal and Torres Strait Islander immunisation workforce to	Halve the gap in mortality rates between Indigenous and non Indigenous Australian children under the age of five within a decade. 70% of Aboriginal and Torres Strait Islander children have a child health assessment by aged 2 years. 90% of Aboriginal and Torres Strait Islander children have a hearing assessment prior to school entry. Immunisation rates sufficient to achieve herd immunity and achieve national targets		$92.2m over 4 years (Labor Pledge) $37.4 m for home visiting provided in the 2007-08 federal Budget. See also Goal 1 which enables this. (Goal 3 cannot succeed without Goal 1). Nutrition is an integral part of MCH.

	address continuing high rates of vaccine preventable diseases. 3.1.5 Performance indicators for hearing service providers under the Commonwealth Hearing Services Program are developed to improve hearing services provision and rehabilitation services. 3.1.6 All State and Territory health services capacity to monitor ear disease and allow the hearing ability of Indigenous Australian children to be tested by 3years of age, forms part of the criteria for service accreditation.		
3.2. Develop a national 'nutritional risk' scheme for at-risk mothers, infants and children.	3.2.1 Scheme developed. 3.2.2 Eligibility for such a scheme includes a low household income, pregnancy, postpartum, or breast-feeding, or a child under the age of five years, in the presence of nutritional risk assessed by a health professional. This risk may include: inadequate diet; abnormal weight gain during pregnancy; a history of high-risk pregnancy; child growth problems such as stunting, underweight, or anaemia; and homelessness.	Reduced incidence and prevalence of under nutrition. Reduced low birth weight rates to levels of non-Aboriginal and Torres Strait Islander people.	$50m over 4 years Target 3.1 Mother and Child Health teams would intersect with and refer clients to this program. $20m over four years.* As above * Heart Foundation, *Close The Gap: Improving Chronic Disease Prevention and Cardiovascular Disease Outcomes for Aboriginal and Torres Strait Islander Peoples* 2008.

	3.2.3 Nutritionists are partnered with Indigenous Health/Nutrition Workers to support the maternal and child health nurse home visiting teams.	
3.3. Develop health promotion programs targeting smoking and alcohol consumption in pregnancy.	3.3.1 Effective programs developed. 3.3.2 Incentive programs for Aboriginal and Torres Strait Islander primary health care services to meet patient population targets.	4% annual reduction of smoking in pregnant women. Reduce foetal alcohol syndrome rates. Reduce per capita consumptions rates in pregnancy to the national average rates.

3. PRIMARY HEALTH CARE AND OTHER HEALTH SERVICE TARGETS (cont.)

(d) Indigenous-specific population programs for chronic and communicable disease

GOAL: Enhance indigenous-specific population programs for chronic and communicable disease

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, REFERENCES, RESOURCES
National coverage of Aboriginal and Torres Strait Islander peoples for funded and effective programs for chronic and communicable disease.	4.1 Develop and implement a national chronic disease strategy which 'close the gap' in excess disease.	4.1.1 The recommendations of the National Chronic Disease Strategy and National Service Improvement Frameworks for national health priority areas (pertaining to Indigenous Australians) are incorporated within a Plan funded and implemented. 4.1.2. Cardiac rehabilitation programs for Aboriginal and Torres Strait Islander peoples are developed.			$20m over 4 years
Minimise the harm associated with the use and misuse of alcohol, tobacco and other drugs	4.2 Fund coordinated Aboriginal and Torres Strait Islander peoples' Programs for tobacco control, alcohol and substance misuse, nutrition and physical activity.	4.2.1 A National Tobacco control campaign is developed. 4.2.2 Population-based smoking cessation programs (including components assisting pregnant women to quit) are developed and implemented. 4.2.3 The Complementary Drug and Alcohol Action Plan is implemented. Programs targeting: control of supply; harm reduction;	Reduce per capital consumptions rates to the national average rates (by 2020).		Requires multi- layered approach to smoking cessation $24m over 4 years for Tobacco. Cost to be determined for other substances. Implementation of programs run and integrated through NACCHO affiliates where possible and where preferred. As a link to the uptake of health checks through the promotion of physical activity in PHC. (See also Health Status Targets, table 2.2(a))

		harm minimisation; intervention; early intervention implemented Reduced hospitalisation rates of Indigenous people with alcohol and other drug related morbidity and mortality. 4.2.4 Culturally appropriate and accessible alcohol and other drugs services [which involve] partnerships between Aboriginal and mainstream health services at a regional level, are provided including the provision of patient assisted transport schemes. 4.2.5 An Aboriginal and Torres Strait Islander National Physical Activity			

GOAL: National nutrition plan, developed, funded and implemented

TARGET	**PROCESS**	**INDICATORS/TIME FRAME by 2013**	**INDICATORS/TIME FRAME by 2018**	**INDICATORS/TIME FRAME by 2028**	**COMMENTS, REFERENCES, RESOURCES**
> 90% of Aboriginal and Torres Strait Islander families can access a standard healthy food basket (or supply) for a cost of less than 25% of their available income. (See also Health Status Targets, table 2.2(a))	Food Security Focus on affordability and accessibility of healthy food choices.	National nutrition plan, developed, costed, funded and implemented			Resource requirements to be determined
	Nutrition interventions for at-risk communities – recognizing the link between poverty and poor quality diets				Heart Foundation, “Everyday Foods” of Heart Foundation Buyer’s Guide for managers of remote Indigenous community

	Community stores to commit to healthy nutrition goals and targets as well as financial goals and targets				stores and takeaways 2008

3. PRIMARY HEALTH CARE AND OTHER HEALTH SERVICE TARGETS (cont.)

(d) Indigenous-specific population programs for chronic and communicable disease (cont).

GOAL: Comprehensive and culturally appropriate oral health care services organised and coordinated on a regional basis.

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, REFERENCES, RES.
By 2020 high quality, comprehensive and culturally appropriate oral health care services will be organised and coordinated on a regional basis. All Indigenous communities with a population of more than 1000 will have a fluoridated water supply by 2015. All Indigenous communities with a population of more than 500 will have a fluoridated water supply by 2020. Implementation of a coherent national oral health promotion strategy by 2010.	4.3. Develop and implement an oral health program as an integral component of comprehensive primary health care including: -Community water fluoridation -A coherent oral health promotion strategy - High quality, comprehensive and culturally appropriate oral health care services organised and coordinated on a regional basis	The Federal Govt. to coordinate a National Indigenous Australians' Oral Health Care Program which allocates resources and responsibilities for the provision of clinical care by State/Territory public dental providers and NACCHO on a regional basis 4.3.1 Culturally appropriate and accessible oral health services [which involve] partnerships between Aboriginal and Torres Strait Islander and mainstream health services at a regional level, are provided including the provision of patient assisted transport schemes. 4.3.2. An oral health promotion campaign is supported for Aboriginal peoples and Torres Strait Islander (stand alone and/or integral to chronic disease programs). 4.3.3. Access to oral hygiene materials is increased.			$290 million for a Commonwealth Dental Health Program over three years (Labor pledge). Proposed that the Federal Government initiate a small community water fluoridation program, suitable for remote and rural locations, and work with State/Territory Governments, local water authorities and communities to implement the program; and resource the Australian Research Centre for Population and Oral Health to develop an oral health promotion strategy with NACCHO, Indigenous Dentists' Association of Australia, RCADS, professional representative organisations and State/Territory health promotion agencies

GOAL: To be developed (adolescent and youth health)

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, REFERENCES, RESOURCES
4.4 A national Indigenous adolescents or youth health strategy is developed to make health services more accessible and appropriate to them.	4.4.1 Strategy developed.				

GOAL: To be developed (men's health)

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, REFERENCES, RESOURCES
4.5 A national Indigenous men's health strategy is developed to make health services more accessible and appropriate to Indigenous men.	4.5.1 Strategy developed.				

3. PRIMARY HEALTH CARE AND OTHER HEALTH SERVICE TARGETS (cont.)

(d) Indigenous-specific population programs for chronic and communicable disease (cont).

GOAL: Communicable disease programs implemented

TARGET	PROCESS	INDICATORS/TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, REFERENCES, RESOURCES
	4.6.1 A National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy is funded to reduce STI and HIV/Hepatitis C rates.	Reduced rates of invasive pneumococcal disease. Etc.			Also depends on Goal 1. $10.3 million pledge for Rheumatic fever and heart disease control.
	4.6.2 The National Flu and Pneumococcal vaccine program is expanded to increase vaccine coverage.	>80% of patients requiring routine prophylaxis receiving greater than 80% of yearly scheduled injections			$X for STI strategy, trachoma control, Flu and Pneumo. (See also Health Status Targets, table 2 (b) (1)).
	4.5.3 A national rheumatic fever/heart disease strategy for increased coordination between primary health care services and population health programs is developed to improve preventive interventions and access to surgery.				$10m?
	4.5.4 Trachoma control programs are expanded through implementation of SAFE strategy.				

3. PRIMARY HEALTH CARE AND OTHER HEALTH SERVICE TARGETS (cont.)

(e) Mental health/ social and emotional well being

GOAL: Improve access to timely and appropriate mental health care in PHCS and specialised mental health care services across the lifespan

TARGET	PROCESS	INDICATORS/ By 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, RESOURCES, REFERENCE
Completed service plans and partnerships	Implement in consultation a service plan to respond to the mental health needs of PHC services and Indigenous communities. Implement National Cultural Respect Framework for mainstream services.	5 years Yearly evaluation of service agreements. Evaluate mainstream services appropriateness and responsiveness in line with National Cultural Respect Framework			Comment: Emphasis on specialist mainstream services being responsible for supporting PHCS
Increase access to and total number of mental health professionals working in PHCS Increased screening for risk factors for mental health in general health checks	Build and strengthen capacity in PHC services to respond to mental health needs across the lifespan including access to SEWB centres and Bringing them home (BTH) counselling Implement screening tools and protocols for identifying and managing psychosocial risk Comprehensive health checks and Chronic Disease management plans to include mental health concerns	Benchmark Baseline data Audit of policy frameworks, service provision and programs Training data for mental health courses for PHCS staff Mental Health Staff numbers 5 years Increased referral to support programs 2 years to develop protocols			Ref: Bringing Them Home Report, National Strategic Framework for Aboriginal and Torres Strait Islander mental health and SEWB
Protocols for identifying and managing	Mental health management plans	Protocols and guidelines implemented			Identifying and managing mental health problems

psychological or behavioural distress and mental illness across the lifespan in PHCS including custodial populations and homeless with priority given to children and youth, and children in out of home care implemented	initiated and completed Develop ‘Best Practice’ guidelines.	2 years Mental health patient contacts in PHCS data base ongoing Decrease Deliberate Self Harm and suicide rates 2-5 years Decrease acuity, ED contacts and hospital admissions/readmissions Decrease prevalence of common disorders such as Depression and Anxiety 10 years		early in their course will improve overall mental health and SEWB outcomes, especially in the youth population. Managing ‘stress’ will also improve general health outcomes
Standardised referral pathways to specialised services such as drug and alcohol, family violence, trauma and grief counselling, Psychiatric services and suicide prevention programmes implemented.	Referrals to specialised services developed and standardised	Decreased delay in time of referral to specialised care Increased Indigenous patient mental health services contacts 2 years to implement protocols		
	Improved outcomes for mental health care for Indigenous Australians including co-morbidity issues of substance use	Decrease incarceration rates for mental health patients Monitor referrals under the Mental Health Act ongoing Reduced DSH and mortality rates Reduced rates of substance use in mental health patients Improved Outcome and follow up data including access to medications and specialists Decrease prevalence of severe mental illness		

		5-10 years		
All Indigenous women to have access to culturally appropriate maternal and infant mental health services	Support development and resourcing of maternal/infant mental health services alongside antenatal services across all communities	5-10 years		Known association with poorer birth, physical and mental health and life outcomes for infants born to mothers with antenatal and postnatal mental health disorders and exposure to chronic stress in utero
All Indigenous women have access to mental health screening perinatally	Support the cultural adaptation of the Edinburgh post-natal depression scale (EPDS) and other culturally relevant instruments Identify and manage at risk Indigenous mothers through appropriate mental health screening tools perinatally	5 years		Current evidence of efficacy of the EPDS and intervention in mainstream populations
All Indigenous children and youth to have access to appropriate mental health screening and referral pathways to mental health services as appropriate Reduce the disparity for Indigenous children at risk by 50%	Support resources for identifying children and youth at risk through community, health and education services Identify and reduce the impact of negative life stress events on child development	5-10 years	5-10 years	WAACHS Vol 2 found 24% of Indigenous children aged 4-17 years at high risk of clinically significant emotional or behavioural difficulties compared to 15% of non-indigenous children Multiple negative life stress events was the strongest predictor

Improve access and base level rehabilitation and support services for chronic mental health problems and disorders throughout the lifespan for all Indigenous patients and their families	Support and resource rehabilitation, accommodation, educational, life skills and recreational services for patients with chronic illness and their families, especially in rural and remote areas. Support adequate data collection on Indigenous patients under the Mental Health Act, compulsory treatment orders and their outcomes	2-5 years		Few rehabilitation and support services exist in for Indigenous mental health patients in remote locations Children of parents with chronic disease and/or mental disorders are at high risk of poor life, health and wellbeing outcomes placing the next generation at risk.

3. PRIMARY HEALTH CARE AND OTHER HEALTH SERVICE TARGETS (cont.)

(e) Mental health/ social and emotional well being (cont.)

GOAL: Build community capacity in understanding, promoting wellbeing and responding to mental health issues

TARGET	PROCESS	INDICATORS/ TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, RESOURCES, REFERENCE
	Develop mental health Promotion, Prevention and Early Intervention (PPEI) programs through the PHC sector	Number of communities and people accessing programs 2 years Number and review of community action plans 2-5 years Number and evaluation of PPEI programs operating Decrease in observable risk factors, eg, substance use Increase in observable protective factors, eg, family functioning Increased family and community wellbeing Measures for cultural recovery and continuity 2-5 years			

3. PRIMARY HEALTH CARE AND OTHER HEALTH SERVICE TARGETS (cont.)

(e) Mental health/ social and emotional well being (cont.)

GOAL: Promoting mental health recovery across the lifespan

TARGET	PROCESS	INDICATORS/ TIME FRAME by 2013	INDICATORS/TIME FRAME by 2018	INDICATORS/TIME FRAME by 2028	COMMENTS, RESOURCES, REFERENCE
Increased access to education, accommodation and employment programs for mental health patients Increased access to recreation, social, cultural and family support programs	Develop targeted accommodation, recreational, life skills, employment and education programs for patients with mental health problems	Number of patients in employment, education and training programs. Number of patients in supported accommodation and number of people accessing support programs 2-5 years			

4. INFRASTRUCTURE TARGETS

(a) The size and quality of the health workforce

GOAL: Provide an adequate workforce to meet Aboriginal and Torres Strait Islander health needs by increasing the recruitment, retention, effectiveness & training of health practitioners working within Aboriginal and Torres Strait Islander health settings and build the capacity of the Indigenous health workforce

TARGET	PROCESS	INDICATORS/TIME FRAME By 2013	INDICATORS/TIME FRAME By 2018	INDICATORS/TIME FRAME By 2028	COMMENTS, REFERENCE, RESOURCES
Develop a funded National Training Plan for Indigenous doctors, nurses, dentists, allied health workers, AHWs Design, fund and implement a recruitment and retention strategy to provide the required numbers for each discipline (medical, dental, nursing and allied health workers that include AHWs) Design, fund and implement a career pathway for AHWs Increase the number of health practitioners working by 430 within Aboriginal (and Torres Strait Islander) health settings* of whom 270 are primary care doctors. Build capacity of the Indigenous health workforce	Aboriginal and Torres Strait Islander student recruitment and support units in selected universities in every State and Territory	Specify numbers to be trained in each discipline			Specify shortfall in each discipline 1st level competence CDAMS – ref AMA $36.5m pa

* AMA Discussion Paper 2004 – Update

	A financial and non-financial incentive scheme for health staff to work within Aboriginal and Torres Strait Islander primary health care services and to retain and expand the workforce pool to meet specified service requirements.	GP workforce salaries are on a par with mainstream primary health care services. Disparities in recruitment and retention of GPs, nurses, AHWs and allied health within Aboriginal and Torres Strait Islander PHC services are reduced. Non-financial incentives include regulatory mechanisms which include geographic restriction of provider numbers based on population and with preferential access to the most popular locations based on length of services in areas of need. The National Aboriginal and Torres Strait Islander Workforce framework has been funded and implemented.	See above. Locations based on need. Other strategies include HECS reimbursements. Retention packages needed as well.
Increase coverage and availability of specialists services including outreach to Aboriginal and Torres Strait Islander clients in Aboriginal and Torres Strait Islander primary health care services and hospitals and rural and remote settings	Increase the Aboriginal and Torres Strait Islander populations' access to specialist Services in accordance with need.	Agreed benchmarks in rural and remote areas developed regarding specialist to population ratio's so as to ensure that Aboriginal peoples and Torres Strait Islanders have access at least to the same level as other Australians. The Medical Specialists Outreach Assistance Program is funded to a level where all Aboriginal	$12m over 4 years This includes referrals. (See also Health Status Targets, table 2 (b) (1)).	

		peoples and Torres Strait Islanders can get access to specialists services as close to their community as possible.		
Provide an additional 1500 AHWs	Introduce a national program to fully implement the national Aboriginal Health Worker Qualifications within the Aboriginal Community Controlled health services sector including career structure, pay equity and professional development.	$20m over 5 years.		Link in with Vocational, educational and training Programs (VET)
Develop a skilled alcohol & drug workforce.	Number of alcohol and drug workers.			
Develop a skilled oral health workforce.	The Federal Government to coordinate a focused process with the Dental Schools, the Australian Dental Council, RCADS, the Indigenous Dentists' Association of Australia and the professional representative organisations to promote careers in oral health and support students and practitioners		100 Indigenous dentists, dental therapists and dental hygienists by 2020. 300 dentists, dental therapists and dental hygienists, 30 specialist dentists 10 dental educators by 2030	

4. INFRASTRUCTURE TARGETS (cont.)

(a) The size and quality of the health workforce (cont.)

GOAL: Increase the quality of the health services and the workforce

TARGET	PROCESS	INDICATORS/TIME FRAME By 2013	INDICATORS/TIME FRAME By 2018	INDICATORS/TIME FRAME By 2028	COMMENTS, REFERENCE, RESOURCES
Develop a National Network of Centres of Teaching Excellence in every State and Territory to deliver high quality health services, providing multidisciplinary teaching and conduct applied research on improved methods of health service delivery		Establish and cost pilot centres Cultural safety training programs are delivered in partnership with and recognised by ACCHSs and their representative bodies.	National network		$10m seed funds in year 1
Ensure implementation of appropriate training on Aboriginal and Torres Strait Islander health including cultural issues in all relevant undergraduate curricula.					Entry level Step back training programs before ITAS $5m over 5 years.
Ensure that all new staff and existing staff providing services to Aboriginal peoples and Torres Strait Islanders complete a relevant cultural safety training/security programme					
Implement a program of work place and work force reform that implements a model that is based on care at the first level of competence					

Establish programmes that increase the availability of a multi disciplinary and trans disciplinary workforce at the local level in Aboriginal and Torres Strait Islander health					

(b) Mental health/ social and emotional wellbeing workforce

Goal: Build an effective MH/SEWB workforce

TARGET	**PROCESS**	**INDICATORS/TIME FRAME By 2013**	**INDICATORS/TIME FRAME By 2018**	**INDICATORS/TIME FRAME By 2028**	**COMMENTS, REFERENCE, RESOURCES**
Increase Indigenous mental health professionals to 1:500 population	Promote parity for Indigenous mental health professionals across all mental health professional groups	Baseline measure Yearly increments to profession/population ratios to 50% by 10 years Intake of students Retention rates Graduates 10-20 years			Ref: Ways Forward Report
	Establish recognition and registration for Aboriginal Mental Health Workers (AMHW's)	Baseline data Agreed competencies Registration numbers 5 years			

Increase competency of mental health professionals working with Indigenous peoples	Improve competency of the non-Indigenous mental health workforce (students and staff) through education and training.	University curriculum development in Indigenous mental health (IMH) Agreed standards of competency in IMH Cultural safety training completed by all staff 5 years		Ref: CDAMS Indigenous health curriculum framework

INFRASTRUCTURE TARGETS (cont.)

(c) Housing, environmental health and health services capital works

GOAL: To immediately commence improvement of the most basic facilities within all existing Indigenous Australians' houses to ensure safety and access to critical health facilities.

TARGET	PROCESS	INDICATORS/TIME FRAME By 2013	INDICATORS/TIME FRAME By 2018	INDICATORS/TIME FRAME By 2028	COMMENTS, REFERENCE, RESOURCES
Ensure the development of a set of community level health service facility standards that are nationally agreed Ensure that all community level facilities meet the health service facility standards That adequate staff housing is available Ensure that all community facilities have access to the appropriate equipment and technology necessary to delivery comprehensive primary health care to Aboriginal and Torres Strait Islander communities in a timely manner.		Within 2 years Within 5 years	Within 10 years.		
Ensure immediate maintenance of houses at time of assessment using a safety and health priority Use a majority of local Indigenous teams for house assessment and maintenance	Use a standardised, repeatable assessment of houses based on the National Indigenous Housing Guide (NIHG) principles of safety and health determine the function of houses	Critical healthy living practices* are available in 75% of all houses (*electrical safety, gas safety, structural safety and access, working washing, laundry and toilet facilities, all waste water safely removed from	Assess that the goal of 75% of all houses functioning has been maintained	Assess that the goal of 75% of all houses functioning has been maintained	

		the house and yard, and the ability to store prepare and cook food)			
Ensure that EHW are provided with capacity development support	Career pathways to all environmental health workers to move through different levels of competency Develop support and mentoring programs for EHWs Ensure new entrants have appropriate numeracy and literacy skills				

INFRASTRUCTURE TARGETS (cont.)

(d) Data

GOAL: Achieve specified levels of completeness of identification in health records

TARGET	PROCESS	INDICATORS/TIME FRAME By 2013	INDICATORS/TIME FRAME By 2018	INDICATORS/TIME FRAME By 2028	COMMENTS, REFERENCE, RESOURCES
Recording of Indigenous status in every jurisdiction to achieve 80% accuracy Define an Indigenous Australians' oral health data set	 The Federal Government will resource the Australian Research Centre for Population and Oral Health to develop and negotiate an agreed Indigenous Australians' oral health data set with public dental providers, NACCHO and the Indigenous Dentists' Association of Australia	Indigenous Australians Identification in National Datasets 2-5 years			(See also Health Status Targets, table 2.4)